

**NC DIVISION MH/DD/SAS SUBSTANCE ABUSE (SAPTBG)
PROGRAM MONITORING PREVENTION
2009/2010**

LME:	Date:
Contract Provider:	
Rating Codes:	0 = No 1 = Yes
Rating	
1. There is evidence of activities for one-way information dissemination concerning available prevention services and programs about awareness and knowledge of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals and families.	
2. There is evidence of activities for education and two-way communication that is interaction between the educator / facilitator and participants.	
3. There is evidence of activities for alternatives that targets participation of specific populations in activities that exclude alcohol, tobacco and drug usage.	
4. There is evidence of activities for problem identification and referral to determine if youth who have indulged can have their behavior reversed through education.	
5. There is evidence of activities for community-based process that includes organizing, planning, and enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking.	
6. There is evidence of activities for environmental activities that target establishing or changing written or unwritten community standards, both legal / regulatory and service and activity-oriented initiatives.	
7. There is evidence of Synar Amendment activities (48 hours per six month period) to reduce youth access to tobacco products through community collaboration, merchant education, law enforcement related activities or media/public relations.	
8. A policy indicates the Provider agency is a drug-free workplace.	
9. The LME has notified/informed the contract provider of the Block Grant requirements for the services provided.	
10. There is documentation that an evidence-based program is being delivered for selective populations.	
11. There is documentation that an evidence-based practice is being delivered for indicated populations.	
12. There is evidence that the semi-annual compliance report has been completed and submitted for the previous six months.	
COMMENTS:	
MONITOR:	

NC DIVISION OF MH/DD/SAS
2009/2010 Protocol
SAPTBG – Program (Substance Abuse Prevention & Treatment Block Grant)

PREVENTION
MONITORING INSTRUCTIONS

Questions #1 – 6: The monitor will see at least one example of compliance for each question.

Question #1 Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effect on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples include:

- ***Clearing House/information resource center(s)***
- ***Media campaigns***
- ***Radio /TV public service announcements***
- ***Health fairs/other health promotion, e.g., conferences, meetings, seminars***
- ***Information lines/Hot lines; and other***
- ***Resource directories***
- ***Brochures***
- ***Speaking engagements***

Question #2 Education: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision making refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples include:

- ***On-going classroom and/or small group sessions (all ages)***
- ***Parenting and family management classes***
- ***Peer leader/Helper programs***
- ***Education programs for youth groups***
- ***Children of substance abusers groups***
- ***Preschool ATOD prevention programs***
- ***Other***

Question # 3 Alternatives: This strategy provides for the participation of the target population in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or, otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or obviate resorting to the latter. Examples include:

- ***Drug free dances and parties***
- ***Youth/adult leadership activities***
- ***Community drop-in centers***
- ***Community service activities***
- ***Mentors***
- ***Other***

Question # 4 Problem Identification and Referral: This strategy aims at identification of those youth who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first time use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however,

that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples include:

- **Marketing Only of Employee Assistance Programs; (Division of MH/DD/SAS policy prohibits the earning of federal or state funds to support DWI Assessments or ADETS Programs)**
- **Student Assistance Programs**
- **Other**

Question #5 Community-Based Processes: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and other drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking. Examples include:

- **Community and volunteer training, e.g., neighborhood action training**
- **Systematic Planning**
- **Multi-agency coordination and collaboration/coalition**
- **Accessing services and funding**
- **Other**

Question # 6 Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to service and action-oriented initiatives. Examples include:

- **Promoting establishment/review of alcohol/tobacco/other drug policies in schools**
- **Guidance and technical assistance to communities to monitor and maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use.**
- **Modify alcohol and tobacco advertising practices.**
- **Product pricing strategies**
- **Other**

Question # 7 Review the documentation to ensure a total of 48 hours of SYNAR activities occurred between July 1, 2009 and December 31, 2009.

Question # 8 Review the policy that indicates the Contract Agency is a drug-free workplace.

Question # 9 Review evidence that the LME notified/informed the contract provider of the requirements of the SAPT Block Grant.

Question #10 Review evidence that services are delivered to individuals who meet the following definition of "selective" population:

Selective

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or

environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

Question #11 Review evidence that services are delivered to individuals who meet the following definition of “indicated” population:

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

Question #12 The monitor will review evidence of the semi-annual report. Reports are to have been completed for the reporting period of 7/1/2009 through 12/31/2009 and submitted by 1/20/2010.